



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 6550.12  
BUMED-00MSC  
25 Mar 1999

BUMED INSTRUCTION 6550.12

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Medical Personnel

Subj: GUIDELINES FOR THE UTILIZATION OF PHYSICIAN ASSISTANTS

Ref: (a) BUPERSINST 1131.2  
(b) Office of Personnel Management (OPM) Qualifications Standards, GS-603 series  
(c) American Academy of Physician Assistants (AAPA) definition of a Physician Assistant in AAPA brochure entitled "Physician Assistant Questions and Answers" July, 1997 (NOTAL)  
(d) BUMEDINST 6010.17A  
(e) NAVMED P-117, Chapter 15  
(f) BUMEDINST 6320.66B  
(g) NAVMED P-117, Chapter 21  
(h) BUMEDINST 6320.80

1. Purpose. To clarify, expand, and reemphasize policy guidelines for the use of active duty and civilian physician assistants (PAs) within the Navy health care delivery system.

2. Cancellation. NAVMEDCOM Instruction 6550.5A.

3. Background. The selection and training of PAs for the purpose of improving primary care roles was undertaken as a result of a shortage of primary care medical officers. In July of 1971, the decision was made to train a cadre of PAs for the purpose of improving patient access to the primary care system and lessening the use of highly trained specialists in primary care roles. Since that time, PAs have become an integral part of the Navy health care team, contributing a valuable admixture of comprehensive and relevant training, substantial experience with the military and the military health care delivery system, and a practical and highly effective approach to patients' problems. PAs are now part of an entirely new level of health care providers. Although the status of PAs has changed, the fundamental objective of the PA community has not changed: to enhance the delivery of quality primary care to our beneficiaries in a cost effective manner. Procurement and

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appointment of active duty PAs is addressed in reference (a). For regulations governing the employment of civilian PAs, see reference (b).

#### 4. Definitions

a. Physician Assistants. PAs are health care professionals who have successfully completed a physician assistant training program recognized by BUMED, and are certified by the National Commission for the Certification of Physician Assistants. PAs are credentialed and privileged to practice medicine with physician supervision. Common services provided by a PA include taking medical histories and performing physical examinations; ordering and interpreting laboratory tests; diagnosing and treating illnesses; assisting in surgery; prescribing and dispensing medication; and counseling patients. PAs are trained in intensive education programs accredited by the Commission on Accreditation of Allied Health Education Programs (previously the American Medical Association's Committee on Allied Health Education and Accreditation). Because of the close working relationship PAs have with physicians, they are educated in the medical model designed to complement physician training. Upon graduation, PAs take a national certification examination developed by the National Commission on Certification of Physician Assistants (NCCPA) in conjunction with the National Board of Medical Examiners (reference (c)).

b. Primary Care. Primary care is a type of health care delivery, which emphasizes first contact care and assumes ongoing responsibility for the patient in both health maintenance and therapy of illness. This personal care involves a unique interaction and communication between the patient and the health care provider. Primary care is comprehensive in scope and includes the overall coordination of the patient's health care, whether this is preventive or curative, and where the sphere of involvement is biologic, behavioral, or sociologic. Appropriate use of consultants and community resources is an important part of effective primary care.

5. Duties and Responsibilities of PAs

a. General

(1) Although PAs exercise a substantial degree of independence in the performance of their duties, they must, by definition, function with the supervision of a doctor of medicine or osteopathy, when performing medical services.

(2) PAs are qualified by training and experience to provide primary care; they should be so assigned.

(3) In addition to the PA core privileges, commanding officers may grant PAs specialty supplemental privileges when the need for the PA's services in that specialty exists, and when the credentials for that PA confirms current competency for supplemental privileges. A PA may obtain competencies by completing a post baccalaureate degree in that specialty or by completing a formalized training program within a medical treatment facility. The curriculum of the training program will be forwarded to the PA specialty leader for review and approval before beginning the training program. The PA specialty leader will coordinate review of the curriculum with the appropriate medical officer specialty leader.

(4) PAs may be granted admitting privileges under reference (d) and following the command medical staff policies and procedures.

(5) PAs may perform physicals following reference (e).

(6) PAs must wear a nametag; this will be clearly visible whenever engaged in direct patient contact and have the words "Physician Assistant" imprinted below the name.

(7) PAs must sign the medical record of each patient examined, treated, or referred for treatment, and print or stamp his or her name, grade, title, and an identifier as specified by the local command, beneath the signature.

(8) Evaluation of quality of care provided by every PA in a clinical billet should be included in every fitness report

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submitted. For civilian PAs, performance standards must be established and the quality of performance carefully documented.

b. Specific

(1) Each PA will be granted clinical privileges following the provisions of reference (f).

(2) PAs are authorized to write prescriptions under the provisions contained in reference (g).

(3) To make controlled substances available to PAs assigned to fleet or Fleet Marine Force (FMF) units without physicians (see paragraph 6g below), fleet, force, or type commanders may authorize deviation from the control procedures of reference (g), but not from the general intent concerning receipt, custody, and issue of controlled substances. This deviation in no way relieves a command of the responsibility for controlled material.

(4) PAs assigned to fleet or FMF units without physicians may prescribe and administer only those controlled substances listed in the activity's authorized medical allowance list (AMAL). Provisions for obtaining controlled medications in addition to those on the AMAL are contained in reference (g).

6. Supervision of PAs. The PA should be fully integrated into the primary care team and should be expected to exercise a substantial degree of clinical judgment in ordering studies, requesting consultations, rendering diagnosis, and formulation and initiating treatment plans: an open, informal exchange of information between PA and physician is necessary. The formal requirement for supervision and review of the clinical work of a PA by a specific physician derives from many sources and is reaffirmed in reference (f). Commanding officers must ensure compliance with the following:

a. A physician must be appointed in writing to supervise and formally review the patient care rendered by each PA. Continuity of supervision must be ensured. An alternate physician will be appointed to assume the supervisory responsibilities in the absence of the regularly appointed

supervisor. Supervision of PAs in emergency services is covered in reference (h).

b. A physician will not be appointed responsibility for the supervision of more than three PAs.

c. Physicians assigned supervisory responsibility must be fully credentialed and privileged and actively engaged in the same category of health care delivery as the PA to be supervised.

d. The supervising physician will conduct random record reviews and peer review the quality of care provided at established intervals, and countersign the records reviewed. A copy of all reviews will be provided to the PA and documentation of these record reviews forwarded for retention by the credentials committee or the Executive Committee of Medical Staff.

e. Physicians appointed supervisory responsibility must be provided a structured orientation which describes the experiential and training background of Navy PAs, prescribes clearly all related administrative and professional supervisory and review responsibilities, and describes the duties and responsibilities of PAs.

f. The supervising physician must participate in the initial granting and the subsequent reappraisal of clinical privileges. He or she must be advised of credentialing action taken in the case of the PAs to be supervised, and must communicate promptly through the chain of command to the credentials committee any concern that credentials granted may not be appropriate.

g. For Fleet and FMF Units. Due to operational considerations, PAs may be assigned to units without physicians. A supervising physician will be requested from the immediate superior in the chain of command. The supervising physician may be any physician assigned to the squadron, group, or task force with which the unit is operating. If a supervising physician is unavailable from these sources, a supervising physician may be requested from the nearest military medical treatment facility. A message request indicating the need for physician supervisor should be sent to the senior officer present in the area with

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control of physician assets, through established chain of command. A copy of the assigned supervising physician's letter will be maintained by the PA's commanding officer, the PA, and the supervising physician.

7. Continuing Medical Education (CME) and PA Certification

a. To maintain their national certification, PAs must log 100 hours of continuing medical education every 2 years and sit for recertification every 6 years. CME may be obtained through inservice training, correspondence course programs, and continuing professional education conferences in the command or local community. Commanding officers are strongly encouraged to allow each PA to attend at least one professional meeting annually, if personnel and funding resources permit. Active membership in appropriate professional organizations is encouraged.

b. Each PA must pursue certification by the NCCPA when the examination is first offered after completion of training and regularly thereafter to maintain NCCPA certification. Should any certifying examination result in failure, a plan of supervision shall be either continued or established until the PA passes the certification examination and obtains certification or recertification. If a PA is unable to achieve certification after two examination cycles, they may be considered for administrative separation.

8. Action. Commands having PAs assigned shall implement policies that are consistent with those outlined in this instruction. Any deviations from policy established here shall be described fully and submitted through the chain of command to Chief, Bureau of Medicine and Surgery for review and approval.

  
H. E. PHILLIPS  
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Available at:  
<http://navymedicine.med.navy.mil/instructions/external/external.htm>